

### Program Details

BT created this discount program to bring more affordable fiber internet to customers inside and outside of Burlington.. The program offers the following for qualified applicants:

- 50M/50M \$9.95 with TP-Link Router and Free Installation Included.
- 150M/150M \$29.95 with Smart Wi-Fi Router and Free Installation Included.

### Eligibility

- Live in an area where Burlington Telecom Internet service is available.
- Have no outstanding debt with Burlington Telecom.
- Free Installation is limited to a single outlet. Additional charges apply if multiple outlets are requested.
- Except when qualifying through a child or dependent in the household, the program applicant's name must match the Burlington Telecom account holder's name.
- Qualify (and provide documentation dated within the past 60 days for one of the following programs)
  - a. Medicaid: card or most recent eligibility letter for any member of your household.
  - b. Public Housing Assistance: documentation such as your lease, housing assistance payment (HAP) contract, or eligibility documentation from HUD.
  - c. SNAP letter indicating you are approved for Supplemental Nutrition Assistance Program benefits.
  - d. TANF: eligibility letter for Temporary Assistance for Needy Families.
  - e. SSI: eligibility letter for Supplemental Security Income.
  - f. NSLP/Head Start: copy of a letter indicating current participation in the National School Lunch Program or Head Start, with your child's name, the school's name, and the address of where you are requesting service.
  - g. LIHEAP: a letter confirming eligibility for the Low-Income Home Energy Assistance Program.
  - h. WIC: eligibility letter for the Women, Infants and Children Program.
  - i. FEDERAL PELL GRANT: documentation from your institution's financial aid office.
  - j. VA PENSION: veterans pension eligibility determination letter from the Veterans Administration.
  - k. Tribal assistance: eligibility letter, including TTANF, FDPIR, etc.

# BT Discount Program **Application**

DATE OF APPLICATION

/   /

## PERSONAL INFORMATION

Full Name :

Date of Birth :   /   /

Phone :

Email :

Best Way to Reach You:  Email  Phone

Check if you are qualifying through a child or dependent in your household. If so, answer the following questions:

## THEIR PERSONAL INFORMATION

Their Full Name :

Their Date of Birth :   /   /

Phone :

Email :

# BT Discount Program **Application**

## ADDRESS

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Street Address:

Apt, Unit, etc.

City:

State:

Zip Code:

Is This a Temporary Address?  Yes  No

I Agree That All the Above Information Is Complete and Accurate:  I Agree

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Applicant Signature

# BT Discount Program **Application**

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form). I agree that if I move I will give my service provider my new address within 30 days. I understand that I have to tell my service provider within 30 days if I do not qualify for BT Discount Program anymore, including 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore. 2) Either I or someone in my household gets more than one Lifeline benefit (including more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services). Initial Initial Initial Initial Initial Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit. I agree that all of the information I provide on this form may be collected, used, shared, and retained for the purposes of applying for and/or receiving the Lifeline Program benefit. I understand that if this information is not provided to the Lifeline Program Administrator, I will not be able to get Lifeline benefits. If the laws of my state or Tribal government require it, I agree that the state or Tribal government may share information about my benefits for a qualifying program with the Lifeline Program Administrator. The information shared by the state or Tribal government will be used only to help find out if I can get a Lifeline Program benefit. All the answers and agreements that I provided on this form are true and correct to the best of my knowledge. I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program. My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

I Agree

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Applicant Signature

**THANK YOU FOR APPLYING**

We will be in contact soon.